

Application Data Sheet**Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit::

Sequence submission?::

Computer Readable Form
(CRF)?::Title:: METHOD AND DEVICE FOR THE
EXAMINATION OF CAVITIES

Attorney Docket Number:: F-8245

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 1

Small Entity:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Georg

Middle Name::

Family Name:: MICHELSON

City of Residence:: Baiersdorf

State or Province of
Residence::

Country of Residence:: Germany

Street of Mailing Address:: Egerlandstrasse 34F

City of Mailing Address:: Baiersdorf

State or Province of Mailing
Address::

Country of Mailing Address:: Germany

Postal or Zip Code of
Mailing Address:: 91083

Correspondence Information

Correspondence Customer
Number:: 000028107

Representative Information

Representative Designation::	Registration number::	Name::
Primary	22,389	C. Bruce Hamburg

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP03/03264	03/28/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	102 14 360.9	03/28/02	Yes